

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000070432

**Entity Name:** PALM GABLES, INC.

**Current Principal Place of Business:**

2126 PECOS WAY  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

PO BOX 51009  
JACKSONVILLE BEACH, FL 32240 10

**FEI Number:** 59-3267759

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAURENT, LOURDES M  
2126 PECOS WAY  
JACKSONVILLE, FL 32246 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** LOURDES M LAURENT

02/15/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P, S	Title	T, VP
Name	LAURENT , LOURDES M	Name	LAURENT , LOURDES M
Address	PO BOX 51009	Address	PO BOX 51009
City-State-Zip:	JACKSONVILLE BEACH FL 32240	City-State-Zip:	JACKSONVILLE BEACH FL 32240

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LOURDES M. LAURENT

**PRESIDENT**

02/15/2015

Electronic Signature of Signing Officer/Director Detail

Date